




VFC PIN #: _____

**Arizona Vaccines for Children (VFC)
Refrigerator and Freezer Verification Form for 2014**

Please indicate the type of units your office is currently using to store VFC vaccines by initialing and listing the number of units in the correct box.

Name of Practice: _____ PIN # _____

<p>1) Stand-alone Refrigerator- <u>no freezer inside</u> OR A Commercial Refrigerator Unit</p> <p>I certify that I have a stand-alone refrigerator. _____ Initials _____ Number of units</p>	<p style="text-align: center;">VFC RECOMMENDED</p> <div style="text-align: center;"></div>
<p>2) Stand-alone Freezer OR A Commercial Freezer Unit</p> <p>I certify that I have a stand-alone freezer. _____ Initials _____ Number of units</p>	<p style="text-align: center;">VFC RECOMMENDED</p> <div style="text-align: center;"></div>
<p>3) Regular Household Refrigerator With 2 separate outside doors and 2 separate temperature controls</p> <p>I certify that I have a regular household refrigerator. _____ Initials _____ Number of units</p>	<div style="text-align: center;"></div>

Vaccine Statement

In addition to the above stated responses, please answer the following statements to verify that your facility is able to meet all of the VFC storage and handling requirements as outlined in the *2014 VFC Operations Manual*.

The refrigerator and freezer have a working, NIST, certified and calibrated thermometer... **Yes** **No**

The freezer maintains a temperature of +5F (-15C) to -58F (-50C)..... **Yes** **No**

There are currently no dorm style or bar style refrigerators storing vaccines in my office.... **Yes** **No**

I certify that the above initialed unit(s) will be used to store VFC vaccine. I will monitor temperatures twice daily using a NIST, certified and calibrated glycol thermometer. I also assume responsibility for the vaccines I order and agree to the dose for dose replacement of VFC vaccine doses that have expired or been wasted due to improper storage or failure to maintain proper temperatures.

Signature of Medical Director or Equivalent

Date